

## ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES


1

13

**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

1. DATE OF ORDER 02/02/2006		2. CONTRACT NO. (If any) CPSC-H-06-0007		6. SHIP TO: a. NAME OF CONSIGNEE  CONSUMER PRODUCT SAFETY COMMISSION	
3. ORDER NO.		4. REQUISITION/REFERENCE NO.			
5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				b. STREET ADDRESS DIVISION OF HAZARD & INJURY DATA SYS 4330 EASTWEST HIGHWAY ROOM 604-26	
				c. CITY BETHESDA	d. STATE MD
				e. ZIP CODE 20814	
7. TO: DR JOHN SENNER DIRECTOR				f. SHIP VIA	
a. NAME OF CONTRACTOR DEPARTMENT OF HEALTH AND HUMAN SERVICES					
b. COMPANY NAME				8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE <input type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS CENTER FOR HEALTH STATISTICS SLOT H-19 PO BOX 1437				REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY LITTLE ROCK		e. STATE AR	f. ZIP CODE 72203-1437	Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
9. ACCOUNTING AND APPROPRIATION DATA 06 PS EXFM 4310 11282 252E				10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION	
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS					
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		12. F.O.B. POINT Destination	
		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/30/2006	
				16. DISCOUNT TERMS Net 30	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Tax ID Number: 71-6007358 DUNS Number: 809873185 FISCAL YEAR 2006 Period of Performance: 10/01/2005 to 09/30/2006  Continued ...					
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME CONSUMER PRODUCT SAFETY COMMISSION				\$1,000.00		17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY, ROOM 522						
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814	\$1,000.00		
22. UNITED STATES OF AMERICA BY (Signature) 				23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER		

AUTHORIZED FOR LOCAL REPRODUCTION  
PREVIOUS EDITION NOT USABLEOPTIONAL FORM 347 (Rev. 3/2005)  
Prescribed by GSA/FAR 48 CFR 53.213(e)



United States  
CONSUMER PRODUCT SAFETY COMMISSION  
Washington, D.C. 20207

*Budget*

MEMORANDUM

DATE: February 28, 2006

TO : BUDGET ✓  
FINANCE  
Terri Nelson, EPDS

FROM : Dodie Kessler, Contract Specialist *DBK*

SUBJECT: Distribution of Death Certificate PO to Arkansas Dept. of Health

Please substitute the attached page 1 for page 1 of the PO to the Arkansas Department of Health (CPSC-H-06-0007) distributed to you earlier.

There was a problem with the address which caused the PO to be returned to CPSC. Today I received the proper address and new contact person for the agency from Mr. Edward Just of the Arkansas Dept. of Health.

Attachment